



**Michigan  
Area Health Education Center  
(MI-AHEC) Program**




  
College of Nursing

**Greetings from the Co-Principal Investigators**

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**And**

  
School of Medicine

**Valerie Parisi, MD, MPH, MBA**  
Dean, School of Medicine, Wayne State University

## National AHEC Program



- Purpose** Created by Congress in 1971 to recruit, train and retain a health professions workforce committed to underserved populations
- Mission** Connecting
- Students to Careers
  - Professions to Communities
  - Communities to Better Health
- Activities** Health Careers Recruitment  
Training Health Professions Students  
Supporting Health Professionals  
Health and Community Development

*\*Currently 49 states with an AHEC Program. Kansas is only state without one.*

## Michigan Area Health Education Center (MI-AHEC)



- \$900,000 award from HRSA announced September 2010  
First two years: September 1, 2010 – August 30, 2012
- Initial matching funds from WSU
- Co-Principal Investigators Dean Barbara Redman, College of Nursing  
Dean Valerie Parisi, School of Medicine
- MI AHEC Partners
  - WSU Eugene Applebaum College of Pharmacy and Health Sciences
  - WSU School of Social Work
  - University of Detroit-Mercy School of Dentistry
  - Detroit Wayne County Health Authority
  - Central Michigan University
  - Western Michigan University



SCHOOL OF DENTISTRY

## MI-AHEC Goals



**Our Purpose** Increase access to primary care health professionals for the residents of Michigan

**Goal 1** Establish the WSU MI AHEC Program Office infrastructure and two proposed Regional AHEC Centers

**Goal 2** Improve access to clinical education in primary care urban and rural settings, medically underserved populations, and health professional shortage areas in Michigan

**Goal 3** Increase the recruitment of underrepresented minorities and disadvantaged students in Michigan to the health professions including training of a diverse and culturally competent workforce

**Goal 4** Improve the knowledge, skills and retention of health professionals in rural and urban health professional shortage areas and medically underserved areas

## Benefits to Michigan Communities



### Access and Delivery of Healthcare

- Increase diversity of professionals practicing in underserved communities
- Address unmet healthcare needs
- Alleviate health professions workforce shortage
- Improve health of local communities

### Workforce Development

- Increase Retention
- Provide continuing education and professional development
- Enhance the practice environment
- Provide interdisciplinary clinical experiences



### College Prep/Access

- Mentor disadvantaged and underrepresented students
- Offer K-12 health career related programs and activities

## Timing for Statewide Access



### Year One 2010-2011

Establish a **Southeast Michigan Regional AHEC Center**  
hosted by the Detroit Wayne County Health Authority

### Year Two 2011-2012

Establish a **Mid-Michigan Regional AHEC Center** in  
collaboration with Central Michigan University

### Within Five Years

Establish **West Michigan, Northern Lower Michigan and Upper  
Peninsula Regional AHEC Centers**



Wayne State University AHEC Regions  
State of Michigan



## AHEC Program Organizational Structure



- Program Office housed at WSU
- Program administered by College of Nursing/School of Medicine and guided by Program Advisory Board
- Regional Centers housed in host agencies
- Regional Centers governed by a Community Board
- Regional Centers carry out the “work” of AHECs:
  - Create a “home-grown” health professional workforce in shortage areas
- Program Office supports Regional Center activities



## AHEC Federal Funding Structure



### **Program offices may receive:**

A maximum of 12 years of seed funding for Program Office activities

### **AHEC Regional Centers are eligible for six years of federal match funding**

AHEC Regional Center's are to become self-sustaining entities within 6 years

### **Matching Funds**

A 50-50 match is required

Annual non-federal matching funds are also required

### **Distribution of funding**

A minimum of 75% of all federal dollars awarded must be subcontracted directly to the AHEC Regional Centers (no more than 25% of federal funds can be directed to the program office)

## Community Based Strategies

### What are our plans for self-sufficiency?



#### To date; WSU has secured additional funding from:

- \$400,000 WSU President (initial cash match)
- \$750,000 Kresge Foundation (new)
- \$75,000 College of Nursing Donors (new)

#### Cultivation of community support:

- Assess community and regional support for local and state-wide AHEC activities
- Solicit cash support and in-kind contributions from community-based participants, organizations, and businesses

#### Extramural Funding:

- Respond to potential local, state and federal extramural funding opportunities
- Leverage unique resources with partners similar to our unique WSUCON and WSUSOM resource sharing agreement

#### Resource Generation

- Package AHEC resources as educational products and services that can produce revenue

## Examples of Other State AHEC Funding Models



- **AHECs in approximately 33-36 states receive annual funding support through a direct state appropriations line-item (National AHEC Organization)**
- **South Carolina AHEC:** In fiscal year 2010, funding appropriated by the state of South Carolina totaled \$11,681,342. In addition to state and federal support, the South Carolina AHEC affiliated institutions expended in excess of \$78,752,246 in local funds in FY 2010 to support programs and services that complemented state funds provided to the South Carolina AHEC.
- **Indiana AHEC:** In fiscal year 2010, the state legislature appropriated \$1.2 million in funding. The annual budget breakdown was: \$712,439 local funding; \$1.3 federal funding; \$213,675 local in-kind.
- **Arkansas AHEC:** In fiscal year 2010, the state legislature appropriated \$3.4 million in funding. Additional funding from the new tobacco tax has allowed for an expansion of several AHEC initiatives through creation of a Division of Research and Practice Improvement. The annual budget breakdown was: 6% in grants and gifts, 25% in contracts, 27% in state funds, and 43% in professional fees.
- **Georgia AHEC:** In fiscal year 2010, the Georgia General Assembly appropriated \$1.88 million dollars in funding. The annual breakdown budget was: \$626,345 federal funding; \$67,050 other state funding; \$1,122,100 other local funding.

## Examples of National AHEC Outcomes



- **New York AHEC:** In 2009, over 25,636 kindergarten through college students participated in pipeline programs. Results indicate that students' knowledge and awareness of health careers increased following program participation. Statewide, students significantly improved their scores on the pre/post knowledge of health related careers by about 14% ( $p < .001$ ) on average. The change in score from pre-test to post-test was greater for minority/disadvantaged students when compared to non-disadvantaged whites. Furthermore, significantly more students indicated interest in health careers after participation in AHEC pipeline programs.
- **Arkansas AHEC:** In 2009-10, AHEC Residencies provided training for 143 Family Medicine residents, with 39 graduates completing a 3-year AHEC residency to become board eligible in Family Medicine. Of the 2010 AHEC Family Medicine Residency Graduates, 74% (29/39) remained in Arkansas to practice, and 38% (11/29) are practicing in small towns of <15,000 population.
- **South Carolina AHEC:** In 2010, 60% (1,525) of the family physicians practicing in South Carolina were trained in South Carolina AHEC Family Medicine Residency Training Programs.
- **Florida AHEC:** In 2010, AHEC activities provided direct primary care services valued at \$14.96 million, a return on investment of 53%. Over 7,000 health professions students provided 1.2 million hours (almost 600 FTEs) of direct care to underserved patients.

## Summary



1. **Infrastructure** – The Michigan AHEC will develop a statewide infrastructure to increase the healthcare professional workforce, especially as it pertains to underserved regions in the state.
2. **Community Engagement Model** – Citizens will serve on their respective regional AHEC boards; whereas the central WSU program office will primarily serve as a watchdog to ensure adherence with federal AHEC guidelines. This approach will also strengthen Michigan's public health network, allowing the state to better coordinate with local communities.
3. **Self-Sustaining** – After an initial infusion from the federal government, the AHEC program office and regional centers will need to be financially self sustaining including a combination of program revenue, foundation support, and state/local funding.

## For Additional Information



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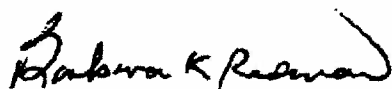
## **Introducing the Michigan Area Health Education Center (MI-AHEC)**

We are pleased to announce the creation of a statewide Michigan Area Health Education Center (MI-AHEC) to expand primary care access for Michigan residents. Wayne State University received a federal grant from the Health Resources and Services Administration (HRSA) to develop statewide community-based partnerships that will:

- Improve primary care (routine and preventive healthcare) access in underserved urban and rural communities.
- Expand recruitment of underrepresented minorities and disadvantaged students for the health professions.
- Enhance the knowledge, skills and retention of a diverse workforce of health professionals throughout Michigan

Michigan residents, whether they live in rural areas, small towns, inner cities or suburbs, should be able to obtain primary care to maintain good health.

MI-AHEC will work through five regional centers, which will each have a community board to determine local health priorities and develop programs to address them. Whether you are a student considering a health career, a clinician interested in practice opportunities in underserved areas of Michigan, or a health or human service agency, MI-AHEC can provide you with information and resources.



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Co-Principal Investigator, AHEC grant



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## Federal grant to help WSU improve access to health care in Michigan

Wayne State University has been awarded a two-year, \$900,000 grant from the Health Resources and Services Administration to create a statewide Area Health Education Center program that will improve access to and quality of health care for Michigan residents and reduce health disparities in underserved areas through community-academic partnerships for health professions training. Michigan was one of only a handful of states without an AHEC program.

The award, which requires a funding match, comes at a critical time because federal health reform is expected to provide millions more Michigan residents with health coverage and increase the demand for primary care providers in a state already experiencing a severe shortage.

The Michigan Area Health Education Center program will work to strengthen recruitment of underrepresented and disadvantaged students to the health professions, and improve the knowledge, skills and retention of Michigan's health professional workforce. The centers will collaborate with local workforce agencies to produce a health professional workforce that meets the needs of the state.

"Given Michigan's diverse rural and urban environments, coupled with our state's growing need for primary care providers, establishment of an AHEC program is going to have a significant impact," said Valerie M. Parisi, M.D., M.P.H., M.B.A., dean of the WSU School of Medicine and co-principal investigator for the grant. "We will address health disparities caused by geographic, socioeconomic and racial and ethnic factors."

The Wayne State University School of Medicine and College of Nursing will share planning, implementation and management of the program's operations. Wayne State's Eugene Applebaum College of Pharmacy and Health Sciences, School of Social Work and the University of Detroit-Mercy School of Dentistry will provide additional leadership, support and training.

"This multidisciplinary approach to the AHEC program is uniquely suited to enhancing training in the communities where students will learn and practice, and will play a critical role in the success of the centers," said Barbara Redman, dean of the WSU College of Nursing and co-principal investigator for the grant. "We're extremely excited by the opportunity to create this program with our partners around the state and stand ready to address health professional workforce shortages across the state."

The grant funds will be used to create two regional AHEC centers. During the first year of the grant a southeast Michigan AHEC center will be established and housed at the Detroit Wayne County Health Authority. The center will serve nine urban counties (Wayne, Oakland, Macomb, Lapeer, Saint Clair, Genesee, Monroe, Livingston and Washtenaw.)

During the second year of the grant, Central Michigan University will spearhead the development of an AHEC center serving mid-Michigan and serve as interim host of the center that will serve 13 rural and six urban counties (Arenac, Bay, Midland, Saginaw, Shiawassee, Clinton, Eaton, Ingham, Tuscola, Huron, Sanilac, Gratiot, Isabella, Clare, Gladwin, Osceola, Mecosta, Montcalm and Ionia.) The long-term goal is to establish a total of five regional AHEC centers over five years, giving access to all 83 Michigan counties.

According to the Health Resources and Services Administration, 75 of Michigan's 83 counties have at least partial designation as primary care health professional shortage areas and 45 counties are designated as mental health care professional shortage areas. Rural and urban areas often suffer greater workforce shortages because of inadequate distribution of health professionals.



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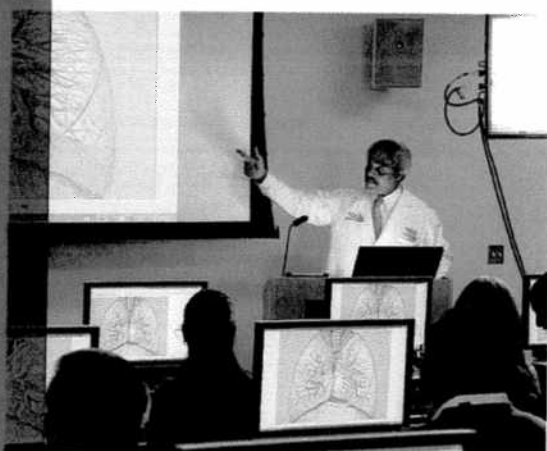
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MICHIGAN AREA HEALTH  
EDUCATION CENTER

# 2011 Fact Sheet



- Congress created the national Area Health Education Center (AHEC) in 1971 to recruit, train and retain a workforce of health professionals committed to medically underserved populations.
- In 2010, Wayne State University received a \$900,000 federal grant from the Health Resources and Services Administration to establish a Michigan AHEC (MI-AHEC).
- MI-AHEC plans to provide all 83 of Michigan's counties with access to an MI-AHEC regional center within five years.
- According to the Health Resources and Services Administration, 75 of Michigan's 83 counties have at least partial designation as primary care health professional shortage areas, and 45 counties are designated as mental health care professional shortage areas.
- The Centers for Disease Control reports that 64 percent of the Michigan adult population is overweight or obese, a major risk factor for heart disease, diabetes and other chronic illnesses.
- Numerous studies have linked primary care providers to a decrease in health disparities, lower health care costs and better patient outcomes.
- The Michigan Center for Nursing reports only 39 percent of active nurse practitioners consider their main practice area to be primary care.
- Only 34 percent of Michigan physicians specialize in family medicine, general internal medicine or pediatrics. The state faces a shortage of 4,000 physicians by 2020, of which the greatest need will be family physicians.
- The U.S. Department of Labor projects demand for 21 percent more physician assistants by 2012 to meet primary care workforce needs.
- Michigan ranks 42nd in the nation for the number of social workers per capita.
- Approximately 43 percent of dentists and 38 percent of hygienists plan to practice for fewer than 10 more years.

WAYNE STATE  
UNIVERSITY

